

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4022 Registrar's No. 105

STATE FILE NUMBER

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) Harrisonville		Length of stay in 1b 8 days	c. CITY OR TOWN Peculiar Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cass Co. Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/2 mile n. Peculiar Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GROVER CLEVELAND WILLS			4. DATE OF DEATH Month Day Year July 2, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/6/192	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman	10b. KIND OF BUSINESS OR INDUSTRY Retail Store	11. BIRTHPLACE (City and state or country) Peculiar, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Wills	13b. MOTHER'S MAIDEN NAME Mary Vineyard	14. NAME OF HUSBAND OR WIFE Edna Wills
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mrs. Edna Wills Peculiar, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA. OF COLON-ILEO-CECAL JUNCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIAC COLLAPSE DUE TO (c) METASTASES OF ENTIRE INTRACT		INTERVAL BETWEEN ONSET AND DEATH 5 Mo. 2
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **JUNE 20 1962** to **JULY 2 1963** and last saw her alive on **JULY 2 1963**
Death occurred at **7:44** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) David S Long	22b. ADDRESS M. D. Harrisonville Mo	22c. DATE SIGNED 7/3/1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-1963	23c. NAME OF CEMETERY OR CREMATORY Wills Cemetery	23d. LOCATION (City, town, or county) Peculiar, Mo.
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24. FUNERAL DIRECTOR E. K. George & Sons	ADDRESS Belton, Mo	25. DATE RECD. BY LOCAL REG. 7-5-63	26. REGISTRAR'S SIGNATURE Ray J. Lebeck
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0192
2 0190
3
4 0
5 1
6
7 0
8 2
9 1538
10
11
12 1-0
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.